

PREDICTIVE CONTROL MODEL OF HIV/AIDS SPREAD WITH EMPHASIS IN NIGERIA

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Abstract-*This paper focuses on predictive control model of HIV spread in Nigeria, with development of mathematical model, which was developed based on differential equation. MATLAB program is the chosen software used for stimulation based on mathematical model that was developed. With these model predictive controls trends of HIV can easily be carried out with chosen proportionality constant k which is a function of a time for control of HIV/AIDS.*

Keywords and phrase: *predictive control model of HIV/AIDS spread etc.*

Introduction

A disease according to e- medicine/ Stedman medical dictionary look up (access 20011) is an abnormal condition affecting the body of an organism.

It often constrain to medical condition associated with specific symptoms and signs. It might be caused by external factor, such as infectious diseases or it may be cursed by internal dysfunctions, such as auto immune disease. Sometime, disease may occur due to injury, disability, disorder, syndrome, infections, isolated symptoms, deviant, behaviors and a typical variation of structure and functions, also disease may affect the

normal function of organs that made up the body of humans.

HIV/AIDS are common diseases and according to introduction hand book on HIV/AIDS, HIV is the human immunodeficiency virus that curses AIDS. HIV infects human cells and uses the energy and nutrients in that cells to grow and reproduced.

AIDS also according to information hand book on HIV/AIDS is Acquired immunodeficiency Syndrome. AIDS is a disease in which the body immune deficiency system breaks down and unable to fight off the other infectious disease and cancer.

When a body is affected with HIV, the viruses simply enter into the body cell and multiply, primarily in the white blood cell and later kill these white blood cells and other cell and weakening the Immune system and leave the person vulnerable to various infections and illnesses.

According to world record, over four hundred millions of people are living with HIV/AIDS worldwide and most of them are living in sub Saharan Africa. The major problems of HIV/AID are that most people living with HIV did not know that they carry HIV/AIDS and transfer viruses to others. HIV/AIDS is now considered as the world deadliest infectious disease.

In Nigeria 3.6percent of the population are living with HIV/AIDS (SEPKOWITX, K.A 2001).

The HIV/AIDS was first identified in 1985 and when reported at an internal AIDS conference in 1986 (Killings 2008). According to ABCDEFGH on AIDS (2007), it was only in 1991 that the federal ministry of health in Nigeria makes their first attempt to assess Nigeria AIDS situation. The results showed that around 1.8% percent of populations were affected by HIV/AIDS.

Subsequently surveillance report revealed that in 1990 HIV prevalence was from 3.8 % in 1993 to 4.5% in 1998 according to <http://data.unaids.org> access 2009. According to Worobey, et al (2008), a frame work developed and covered the period of 2005 – 2010 to reduce the spread of HIV/AIDS in Nigeria.

Process of HIV Transmitted in Nigeria

The mode of transmission of HIV in Nigeria Can is divided into three and namely:

Heterosexual sex: about 80% to 95% of HIV infection in Nigeria and resulted of Heterosexual sex with the report from GUSS, (1994)

Blood transfusions: Blood transfusion through unsafe blood account is the major cause of HIV in Nigeria, according Kwara, et al (2010).

Mother to child transmission: Decker et al (2000) estimated that twenty- two towards children are living with HIV in Nigeria.

HIV Prevention in Nigeria

The following are the common methods used to prevent HIV spread in Nigeria:

Hiv test: In Nigeria, HIV test are carry out through counseling services, Guerrant et al (1990)

Education: Guerrant, et al (2005), sex education is one of the major method of preventing HIV in Nigeria.

Use of condoms; HO-YEN ET AL (2008) estimated that 5.9% man per year used condoms in Nigeria

Media campaigns: Silvero et al (2009) discussed the important of media campaigns to reduce HIV spread in Nigeria.

2.0 Materials and Method

In this paper, the materials used are based on the simulation of 3.8% of the total population which is equivalent to 5,472,000 which is

number of people affected with HIV/AIDS in 2009.

Mathematical Model

The mathematical model was based on the following assumption

1. The numbers of people affected with HIV/AIDS remain constant at the start.
2. Two conditions were imposed in the model that will be developed.
3. The values generated are used to represent numbers of people affected with HIV/AIDS.
4. The effect of time in treatment of HIV/AIDS is tested
5. 3.8 percent of the people in Nigeria are assumed living with HIV/AIDS

Modeling Development

This model shall be develop solely by differential equation given as

$$\frac{dp}{dt} = -KN(t) \quad (1)$$

Where K = constant

N(t) = initial number of people living with HIV/AIDS.

From Eq.(1) above can be rewrite as

$$\frac{dp}{N(t)} = -kdt \quad \text{eq2}$$

Integrate with both sides to get

$$\ln N(t) = -kt + c \quad \text{eq3}$$

Where c = constant of integration

From eq 3, take log of both sides to get

$$N(t) = e^{-kt} \cdot e^c$$

eq4

But let $e^c = A$

There four we have

$$N(t) = Ae^{-kt}$$

eq5

At time $E=0$, $N(0)=5,47000=Ae^{-k(0)}$

Time $A=5472000$

The model equation can be written as

$$N(t) = 5472000 e^{-kt}$$

eq6

By determine next value of $N(t)$ the value of k can be determine.

enter the time for prediction:20

population year

5230679 1

5000000 2

4779494 3

4568713 4

4367228 5

4174629 6

3990523 7

3814536 8

3646311 9

3485505 10

3331790 11

3184854 12

3044399 13

2910137 14

2781797 15

2659117 16

2541847 17

2429749 18

2322594 19

2220165 20

Discussion of Results

MATLAB Version 2007 was used for simulation and the results were displayed in tabular and graphical form as shown below. Table 1-4 and Graph 1-4 clearly shown the trend at which HIV/AIDS can be prevented both the HIV can easily control by attend to it with the time of it noticed.

Table 1 and graph1 were compared with table 2 and graph 2 and the result shown that it is better to reduced or control HIV as soon as it is noticed. Likewise table 1to 4 graph 1 to 4

Table 1: Show how 5472000 pople were affected with hiv was reducing to 5000000 in 2 years can be represented in the reduction trends in the next 20 year

enter initial population:5472000

enter the population of people affected by hiv/aids
pz:5000000

5472000

enter the time t for people affected:2

GRAPH1: SHOW HOW 5472000 POPLER WERE
AFFECTED WITH HIV WERE REDUCE TO
5000000 IN 2 YEARS CAN BE REPRESENTED IN
THE REDUCTION TRENDS IN THE NEXT 20
YEAR

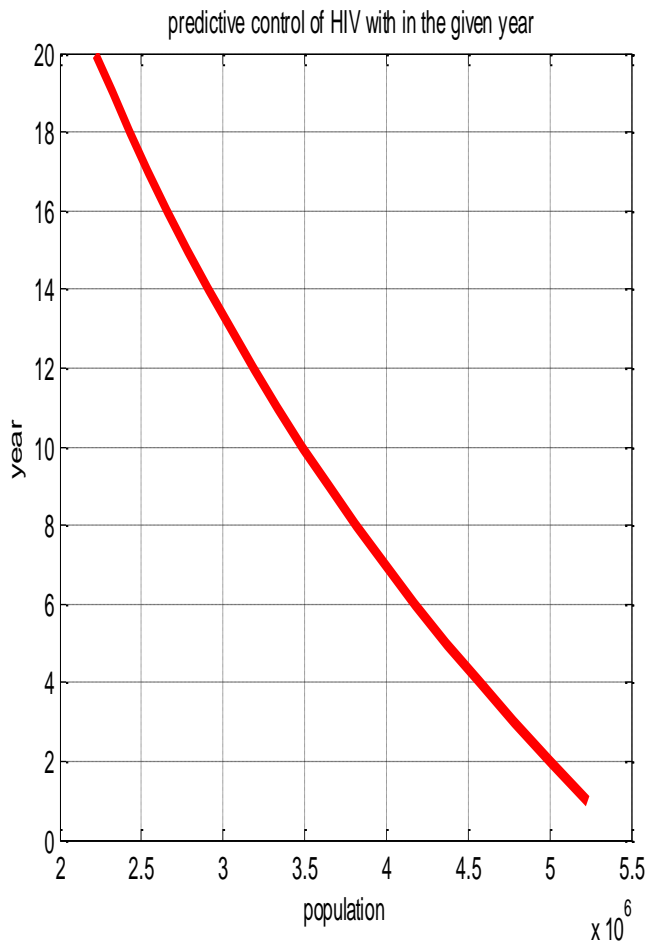


Table 2: Show how 5472000 pople were affected with
hiv were reduce to 5000000 in 3 years can be
represented in the reduction trends in the next 20 year

enter initial population:5472000

enter the population of people affected by hiv/aids
pz:5000000

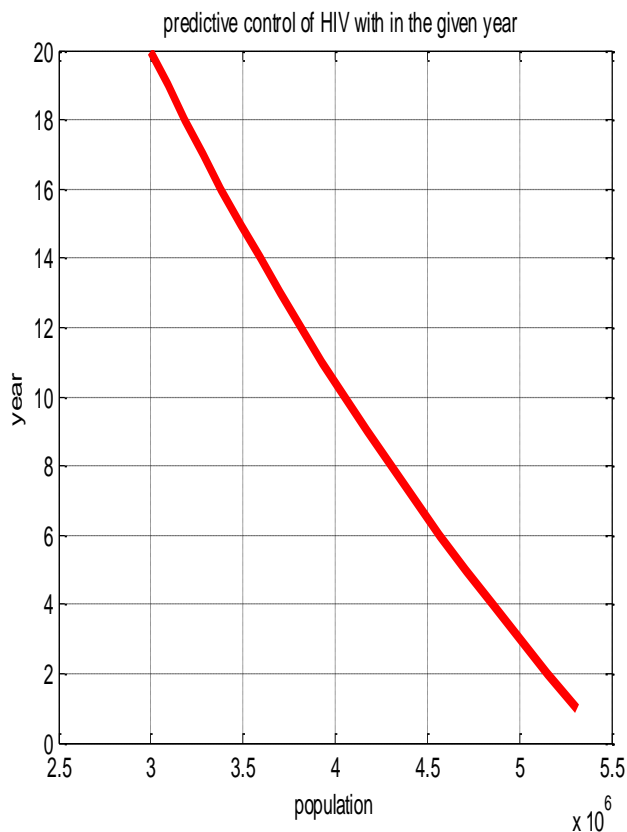
enter the time t for people affected:3

enter the time for prediction:20

population	year
5309913	1
5152627	2
5000000	3
4851894	4
4708175	5
4568713	6
4433383	7
4302061	8
4174629	9
4050971	10
3930976	11
3814536	12
3701545	13
3591901	14
3485505	15
3382260	16
3282073	17
3184854	18
3090515	19
2998970	20

5472000

Graph 2: Show how 5472000 people were affected with HIV were reduced to 5000000 in 3 years can be represented in the reduction trends in the next 20 years



population	year
4678461	1
4000000	2
3419928	3
2923977	4
2499947	5
2137410	6
1827447	7
1562434	8
1335853	9
1142130	10
976501	11
834890	12
713816	13
610300	14
521796	15
446126	16
381429	17
326115	18
278823	19
238388	20

Table 3: Show how 5472000 people were affected with HIV were reduced to 4000000 in 2 years can be represented in the reduction trends in the next 20 years

enter initial population:5472000

enter the population of people affected by HIV/AIDS
pz:4000000

enter the time t for people affected:2

enter the time for prediction:20

ans =

5472000

Graph 3: Show how 5472000 people were affected with HIV were reduced to 4000000 in 2 years can be represented in the reduction trends in the next 20 years

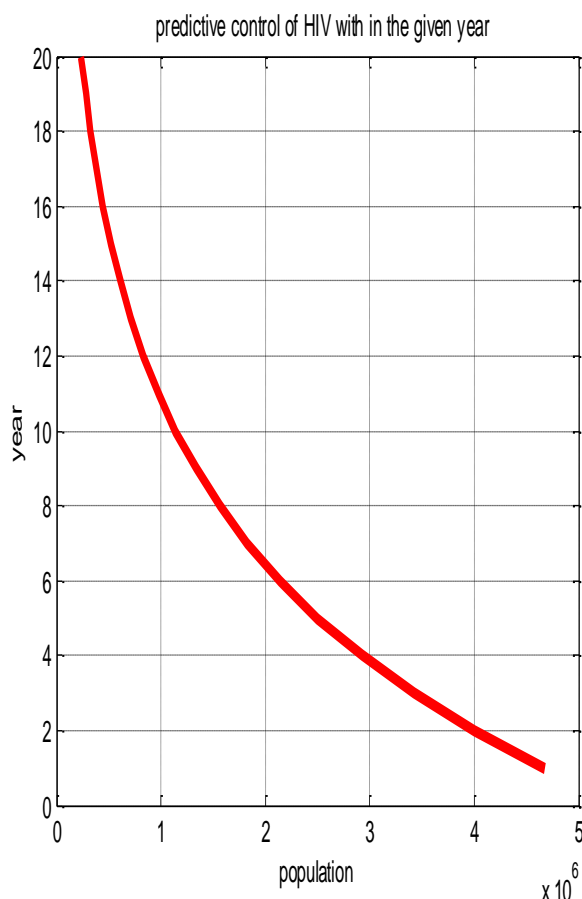


Table 4: Show how 5472000 people were affected with HIV were reduced to 4000000 in 3 years can be represented in the reduction trends in the next 20 years

enter the population of people affected by HIV/AIDS
pz:4000000

enter the time t for people affected:3

enter the time for prediction:20

population	year
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4929286	1
---------	---

4440399	2
---------	---

4000000	3
---------	---

3603280	4
---------	---

3245906	5
---------	---

2923977	6
---------	---

2633976	7
---------	---

2372738	8
---------	---

2137410	9
---------	---

1925421	10
---------	----

1734458	11
---------	----

1562434	12
---------	----

1407472	13
---------	----

1267878	14
---------	----

1142130	15
---------	----

1028854	16
---------	----

926812	17
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834890	18
--------	----

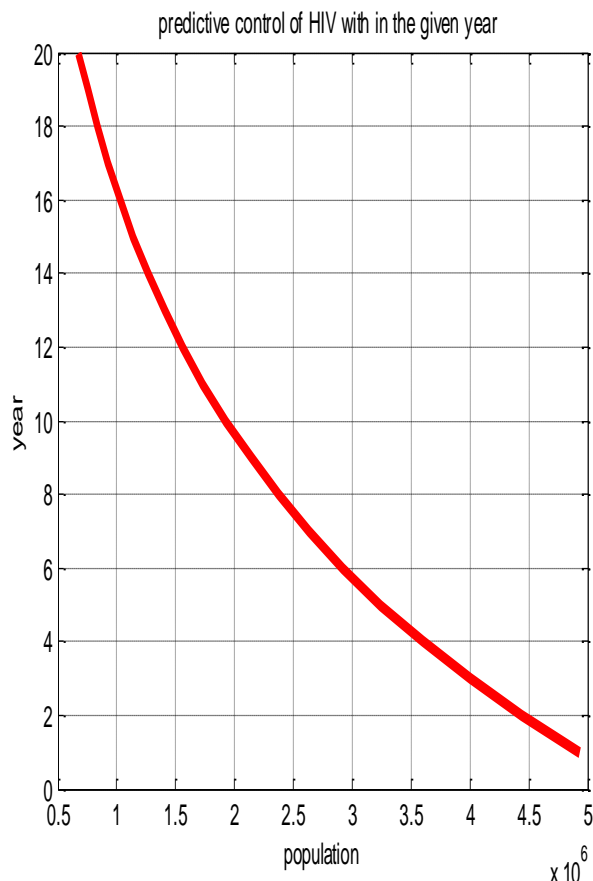
752086	19
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677494	20
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enter initial population:5472000

ans = 5472000

Graph 4: Show how 5472000 people were affected with HIV were reduced to 4000000 in 3 years can be represented in the reduction trends in the next 20 years



1.0 Conclusion And Recommendations

Material mathematical and visualization model that were developed led to the following conclusions:

1. It is better to prevent HIV spread immediately it noticed
2. The mathematical model that was developed can be used as guide in control HIV.

It is thereby recommended that:

1. The model can be used as a test case in control of HIV
2. It the model can be use to know the numbers of people to be take care in a particular year
3. This model can be use as demonstrations in schools In order to explain how HIV/AIDS can be monitored and controlled.

References

- Feldman C (2005). "pneumonia associated with HIV infection". Curr opin. Infect. Dis. **18** (2): 165-170. doi:10.1097/01.qeo.0000160907.79437.5a. PMID 15735422.
- Gallo RC (2006) "A reflection on HIV AIDS research after 25 years". Retrovirology 3; 72. Doi:10.1186/1742-4690-3-72. PMID 17054781. PMC 1629027.
- Gao F, Bailes E,Robertson DL, et al. (1999). "origin of HIV -1 in the chimpanzee pan troglodytes troglodytes". Nature 397 (6718) : 436-441. Doi:10.1038/17130. PMID 9989410.
- Guerrant RL, Hughes JM, Lima NL, Crane J (1990). "Diarrhea in developed and developing countries: magnitude, special settings, and etiologies" reviews of infectious diseases **12** (Suppl 1):S41-50.PMID 2406855.
- Guss DA (1994) "the acquired immune deficiency syndrome:an overview for the emergency physician, part 1 ".J. emerg. Med.12 (3): 375-248. Doi:10. 1016/0736-4679 (94) 90281-x. PMID 8040596Sepkowitz KA (june 2001). "AIDS—the first 20 years". N. Engl. J med. 344 (23): 1764-72 doi: 10.1056/nejm200106073442306. PMID 11396444
- Guss DA (1994). "the acquired immune deficiency syndrome:an overview

for the emergency physician, part 2". *J. emerg. Med.* 12 (4):491. Doi:10.1016/0736-4679(94)90346-8pmid 7963396.

Holmes CB, Losina E, Walensky RP, Yazdanpanah Y, freedberg KA (2003).

Review of human immunodeficiency virus type 1-related opportunistic infections in sub-saharan Africa *clin. Infect. Dis.* **36** (5): 656-662. Doi: 10.1086/367655. PMID 12594648.

Ho-Yen C and Chang F (June 1,2008). "Gastrointestinal Malignancies in HIV /

AIDS " The AIDS Reader **18** (6).
<http://www.consultantlive.com/aids/article/1145619/1359079>.

Kallings LO (2008). | "the first postmodern

pandemic: 25years of HIV / AIDS". *J intern med* 263 (3): 218-43. doi: 10. 1111/j.1365-2796.2007. 01910.x. PMID 18205765
<http://www.blackwell-synergy.com/doi/full/10.1111/j.1365-2796.2007.01910.x>.

kwara A, Ramachandra G,Swaminathan S (January 2010). "Dose adjustment

of the nonnucleoside reverse transcriptase inhibitors during concurrent rifampicin-

containing tuberculosis therapy: 10
1517/17425250903393752. PMID 19968575. "

Palella FJ Jr, Delaney KM, Moorman AC, et al. (1998).

Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. Hiv outpatient study investigators" .*N. Engl.j. Med* 338 (13): 853-860.
Doi:10.1056/nejm199803263381301.PMID 9516219.UNAIDS, who (December 2007). "2007 AIDS

epidemic update" (PDF).
http://data.unaids.org/pub/EPISlide/2007/2007_equipdate_en.pdf. retrieved 2008-03-12

[http://data unaids](http://data.unaids).

Org/pub/factsheet/2009/20091124 FS global en.pdf

worobey M, Gemmel M, teuwen DE, et al. (2008). "direct evidence of extensive diversity of HIV -1 in Kinshasa by 1960". *Nature* **455** (7213):661-4.
doi:10.1038/nature07390. PMID 18833279. hppt://
www.nature.com/nature/journal/v455/n7213/full/nature07390.html retrieved 2009-03-31.